

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25253**  
Registrar's No. **6049**

|                                                                                                                                                                                                                                         |  |                                                                                                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                                                        |  |                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                         |  | REG. DIST. NO. <b>318</b>                                                                              |                                                 | PRIMARY REG. DIST. NO. <b>1003</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  | Registrar's No. <b>6049</b>                                                                                            |  |                                        |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____                                                                                                                                                                                                    |  |                                                                                                        |                                                 | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                                                        |  |                                        |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Missouri</b> )                                                                                                                                         |  | c. LENGTH OF STAY (In this place) _____                                                                |                                                 | c. CITY OR TOWN <b>St. Louis Missouri</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                                        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>                                                                                                                                                                        |  |                                                                                                        |                                                 | STREET ADDRESS (If rural, give location) <b>3004 Hickory</b>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                                                                                        |  |                                        |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Nathaniel</b><br>b. (Middle) <b>Lee</b><br>c. (Last) <b>Thomas Smith</b>                                                                                                           |  |                                                                                                        |                                                 | 4. DATE OF DEATH (Month) <b>June</b> (Day) <b>30</b> , (Year) <b>1954</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |                                                                                                                        |  |                                        |  |
| 5. SEX <b>M</b>                                                                                                                                                                                                                         |  | 6. COLOR OR RACE <b>Negro</b>                                                                          |                                                 | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  | 8. DATE OF BIRTH <b>Oct. 5, 1953</b>                                                                                   |  |                                        |  |
| 9. AGE (In years last birthday) <b>8</b>                                                                                                                                                                                                |  | IF UNDER 1 YEAR Days _____                                                                             |                                                 | IF UNDER 1 HR. Hours _____                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | IF UNDER 15 MIN. Min. _____                                                                                            |  |                                        |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>                                                                                                                                 |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>                                                          |                                                 | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>                                                                                                                                                                                                                                                                                                                                                        |                                                                                  | 12. CITIZEN OF WHAT COUNTRY? _____                                                                                     |  |                                        |  |
| 13a. FATHER'S NAME <b>Nathaniel Lee Thomas</b>                                                                                                                                                                                          |  |                                                                                                        | 13b. MOTHER'S MAIDEN NAME <b>Ethel B. Smith</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  | 14. NAME OF HUSBAND OR WIFE <b>none</b>                                                                                |  |                                        |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>                                                                                                                      |  | 16. SOCIAL SECURITY NO. <b>none</b>                                                                    |                                                 | 17. INFORMANT'S SIGNATURE OR NAME <b>Ethel B. Smith, 3004 Hickory</b> ADDRESS _____                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                                                                        |  |                                        |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.           |  |                                                                                                        |                                                 | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br><br>ANTECEDENT CAUSES<br><b>Interstitial Pneumonitis</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                                                  |                                                                                                                        |  | INTERVAL BETWEEN ONSET AND DEATH _____ |  |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                            |  | 19b. MAJOR FINDINGS OF OPERATION _____                                                                 |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                       |  |                                        |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____                                                                                                                                                                                          |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         |                                                 | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                                                                                                        |  |                                        |  |
| 21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____                                                                                                                                                        |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |                                                 | 21f. HOW DID INJURY OCCUR? <b>491x</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                        |  |                                        |  |
| 22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:00 p.m.</b> , from the causes and on the date stated above. |  |                                                                                                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                                                        |  |                                        |  |
| 23a. SIGNATURE <b>Patricia Taylor Carou</b> (Degree or title) _____                                                                                                                                                                     |  |                                                                                                        |                                                 | 23b. ADDRESS <b>300 Clark</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  | 23c. DATE SIGNED <b>7.6.54</b>                                                                                         |  |                                        |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____                                                                                                                                                                                         |  | 24b. DATE <b>July 6, 1954</b>                                                                          |                                                 | 24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>                                               |  |                                        |  |
| DATE REC'D BY LOCAL REG. <b>III 6 1954</b>                                                                                                                                                                                              |  | REGISTRAR'S SIGNATURE <b>Carl Smith</b>                                                                |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                      | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Koone</b> ADDRESS <b>1221 N. Grand</b> |                                                                                                                        |  |                                        |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Melvin Blackburn*.....

Licensed Embalmer No. *396*.....

P. O. Address *1221 N/K*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**